



**Town of Acton**  
**Department of Public Health**  
472 Main Street, Acton, MA 01720  
Phone: (978) 929-6632 Fax: (978) 929-6340  
[www.acton-ma.gov](http://www.acton-ma.gov)

**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Acton Refinishing Date 8/26/2015  
Address: 63 Harris Street  
Type of Business: Furniture Refinishing  
Telephone: 978-263-8233 Email: TJWhalen@aol.com  
Contact Person: Tom Whalen Initial Inspection ☒ Re-Inspection ☐

<b>Housekeeping:</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
<b>Safety:</b>			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		
<b>Site Management:</b>			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>		
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

**Action Items:**

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Re-inspection required? Yes ☐ No ☒

Re-inspection Date: \_\_\_\_\_

  
Inspector Signature

Date

  
Facility Representative Signature

Date